

City of Madison, Alabama

Annual Business License Application



Name: _____

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: () _____

Business Location: _____

NAICS Number	Description	Estimated Gross Receipts		License Amount	

LICENSE SUB-TOTAL		
If Delinquent, Penalty 15%		
Issuance Fee	10	00
Total Amount Due		

I AFFIRM UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM ALSO AWARE OF TAX REQUIREMENTS, IF ANY, RELATIVE TO THE COLLECTION AND/OR PAYMENT OF CITY TAX FOR THIS BUSINESS. IF NOT, I WILL INQUIRE.

Date: _____ Signature: _____ Title: _____

APPLICATIONS ARE DUE ON JANUARY 1. AND DELINQUENT FEBRUARY 1, MAIL OR BRING THIS RETURN ALONG WITH CHECK FOR THE AMOUNT DUE WHEN APPLYING FOR LICENSE.

MAILING ADDRESS:

CITY OF MADISON
Attention: TAX COLLECTOR
P.O. BOX 99
MADISON, ALABAMA 35758